

**Illinois Health Care Reform Implementation Council**

**November 16, 2010**

**Howlett Building Auditorium, 501 S. 2nd Street in Springfield**

**Testimony**

**National Association of Social Workers (NASW) Illinois Chapter**

**Joel L. Rubin, MSW, CAE**

I am submitting this testimony on behalf of the 7,000 social workers in the NASW Illinois membership and the people they help.

The Affordable Care Act (ACA) will make significant changes to Medicaid eligibility around the country. By 2014, it is estimated that 600-700,000 persons will be added to Medicaid rolls in Illinois.

The new health care reform legislation will provide significant new options for people with mental illnesses to gain coverage. The bill improves Medicaid, creates a way for lower-income and other uninsured individuals to purchase health insurance and makes a number of changes to how the health care system operates. Not having this coverage, many uninsured adults with serious mental illnesses have been forced to forego care, resulting in acute and expensive health and mental health emergencies. Extending Medicaid coverage based entirely on income has the potential both to increase consumers' access to mental health treatment and to expand the public mental health system's Medicaid revenue. Illinois could be ready for this expansion of Medicaid and the need for additional mental health professionals who could bill Medicaid if it fully implemented Public Act 095-0518, Medicaid Reimbursement for Licensed Clinical Social Workers that became law in 2007 in the state.

The Act allows any Licensed Clinical Social Workers (LCSWs) in the State of Illinois to bill Medicaid for behavioral health services in all settings. This public act also expands access and capacity of mental health services for Medicaid recipients in the State of Illinois. Additionally, social workers provide 60-70% of the behavioral health services delivered in the country. Licensed Clinical Social Workers (LCSWs) are approved service providers under the Illinois Insurance Code. It would also broaden a Medicaid recipient's choice of provider, thus decreasing the State's cost for treatment. Other ways that full implementation of the PA 095-0518 would support the current expansion of Medicaid under ACA are:

- LCSW's are qualified to provide the additionally needed behavioral health services since the core values and ethics of the social work profession are to serve low income, lower socioeconomic, and non-majority population. By training, LCSW's are specifically trained to help people represented in the Medicaid population.
- LCSW's ability to bill Medicaid directly for services would increase the number of available providers in rural areas. In some areas of the state, a person may be required to travel long distances in order to see an existing provider.

There are additional changes to Medicaid that the social work “work force” in Illinois is able and ready to ensure success.

One of these changes in the Affordable Care Act establishes a new Medicaid state plan option designed to improve coordination and collaborative care for Medicaid beneficiaries with chronic conditions, including mental illnesses. Beginning on January 1, 2011, states may allow individuals with at least two chronic conditions, those with one chronic condition who are at risk of developing another or those with a serious and persistent mental health condition to designate a provider as their “health home.” States choosing to implement the health home option will benefit from an increased federal Medicaid assistance percentage (FMAP) of 90% for the first two years that the state plan amendment is in effect.

Health homes may be a single provider or a team of providers selected by an eligible individual with chronic conditions. Health homes would be required to meet certain federal standards and provide specific services, including comprehensive care management and coordination, health promotion, transition services from inpatient to other settings, patient and family support, and referrals to appropriate community services.

Effective October 1, 2011, the law establishes a new state plan option through which states can offer community-based attendant services and supports to assist beneficiaries with incomes under 150% of poverty who would otherwise require an institutional level of care. The provision offers a broad definition of attendant services and supports, making it relevant for people with serious mental illnesses as well as others who have disabilities. Attendant services and supports can include assistance with activities of daily living (such as getting in and out of bed or the bath), instrumental activities of daily living (such as managing a budget or grocery shopping and meal preparation), and other health-related tasks, as well expenditures for transition costs such as rent and utility deposits, first month’s rent and utilities, household supplies and other necessities required to make the transition from institution to community. Excluded services and supports include medical supplies and assistive technology devices, room and board, and vocational rehabilitation. Social workers are well trained to bridge medical, health and home and community based services as they deal with chronic and acute illnesses.

The social work profession stands ready to assist the state in expanding access and fully implementing the Affordable Care Act in Illinois.

Thank you.

Joel L. Rubin, MSW, CAE  
Executive Director  
NASW Illinois Chapter  
404 S. Wells Street Fourth Floor  
Chicago, IL 60607  
[jlubin@naswil.org](mailto:jlubin@naswil.org)  
(312) 212-3717